

# GRACE LUTHERAN CHURCH

## 2017-18 Power Hour Registration

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Gender

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Grade entering in the fall of 2016(check one):

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Primary I (eligible if 3 before 9/1/2017) | <input type="checkbox"/> Primary II (eligible if 4 before 9/1/2017) |  |  |
| <input type="checkbox"/> Kindergarten                              | <input type="checkbox"/> 1 <sup>st</sup> Grade                      | <input type="checkbox"/> 2 <sup>nd</sup> Grade | <input type="checkbox"/> 3 <sup>rd</sup> Grade |
| <input type="checkbox"/> 4 <sup>th</sup> Grade                     | <input type="checkbox"/> 5 <sup>th</sup> Grade                      | <input type="checkbox"/> 6 <sup>th</sup> Grade | <input type="checkbox"/> 7 <sup>th</sup> Grade |
| <input type="checkbox"/> 8 <sup>th</sup> Grade                     | <input type="checkbox"/> 9 <sup>th</sup> Grade                      |  |  |

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_

Address  Check if same \_\_\_\_\_ Address  Check if same \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

## ALTERNATE EMERGENCY CONTACTS- other than Parents

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_

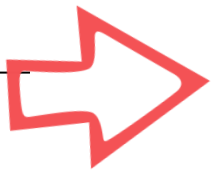
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## CONDITIONS OR CONCERNS

Is there anything we should know to ensure the best possible experience for your child? Please share medical conditions including allergies, vision/hearing concerns, physical limitations, learning disabilities or relevant custody/living arrangements, including special mailing requests.

\_\_\_\_\_



# PARENTAL INVOLVEMENT

Parents are encouraged to share their talents in at least ONE of the following areas.

## Children of the Spirit (PI- 1<sup>st</sup> Grade)

- Teaching Team Member
- Storyteller
- Craft Leader
- Library Leader
- Music Leader
- Substitute
- Game Leader

## Kids of the Kingdom (2<sup>nd</sup>-6<sup>th</sup> Grade)

- Classroom Guide
- Classroom Assistant
- Substitute

## Teens in Christ (7<sup>th</sup>-9<sup>th</sup> Grade)

- Classroom Guide
- Classroom Assistant
- Substitute

## CHAOS

- Snack preparer/Server
- Homework Helper
- Small Group Activity Leader
- Substitute
- Candid Photographer

## Power Hour (General)

- Offering/Attendance
- Special Events Support
- Tender Loving Children Team
- Children, Youth and Family Ministry Team
- Christmas Program Easter Co-Director
- Christmas/Easter Program Volunteer
- Curriculum Team
- Family Fun Fair / Activity Fair Coordinator
- Candid Photographer

# AUTHORIZATIONS

This medical treatment release form pertains to all events for Grace Lutheran children, youth, family and education programs. By signing, you will be agreeing to the conditions listed.

My child has permission to take part in all congregational activities, including off-site activities. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, this document gives permission to Grace Lutheran Church, its staff, chaperones and supervisory personnel to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so using measures deemed necessary, and I agree that the congregation, its staff, chaperones and off-site personnel will not be held responsible for accidents or liabilities which may occur.

- Yes       No

I give Grace Lutheran Church permission to photograph and/or video my child. I further give permission to use photos or video for publicity or other purposes including, but not limited to, newsletters, church publication, media publication and/or the internet-website.

- Yes       No

# CONDUCT EXPECTATIONS

For your information, we expect each student to conform to these rules of conduct

- Participation within the group is expected
- Respect property
- Respect one another, staff and leaders
- Respect and comply with event schedules
- Remain in designated areas for class/events
- No offensive or immodest clothing
- No possession or use of alcohol, drugs or tobacco
- No fighting, weapons, lighters or explosives
- No Cell phones and other personal electronic devices will remain on during classes

\_\_\_\_\_  
Child Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date